

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31464

FILED SEP 21 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8048

1. PLACE OF DEATH:

- (a) County..... MO
- (b) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution.....
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days3. (a) PRINT
FULL NAMEANNA STONES

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex..... F 3
5. Color or race..... negro
6. (a) Single, widowed, married..... 2 divorced Widowed
6. (b) Name of husband or wife..... Harjanie Stones
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... 25 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 73 8 15 hr. min.

9. Birthplace..... Jackson Miss
(City, town, or county) (State or foreign country)

10. Usual occupation..... Domestic

11. Industry or business.....

12. Name..... Armstrong Sept

13. Birthplace..... Jackson Miss
(City, town, or county) (State or foreign country)

14. Maiden name..... Marrie Unknown

15. Birthplace..... Jackson Miss
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lillie Harfield

- (b) Address..... 2215 A Chouteau Ave

17. (a) Burial (b) Date thereof..... 9 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation..... Oakdale Cemetery

18. (a) Signature of funeral director..... G. H. Butts

- (b) Address..... 212 Carondelet St

19. (a) SEP 14 1948 (b) J. F. Breckner
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... MO (b) County..... 17
- (c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
- (d) Street No..... 2215 A Chouteau Ave
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept day..... 10
year..... 1948 hour..... 3 minute..... 10

21. I hereby certify that I attended the deceased from.....
..... 1948 to..... 10 Sept 1948
that I last saw him..... alive on..... 10 Sept 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
arteriosclerosis
Heart Disease

- Due to.....

- Due to.....

- Other conditions.....
(Include pregnancy within 3 months of death)

- Major findings:
Of operations.....

- Of autopsy.....

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....

- (b) Date of occurrence.....

- (c) Where did injury occur?..... (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

- While at work..... (Specify place of place)

23. Signature..... W. P. Beaton (M.D. or other)

- Address..... 2742 Franklin Date signed.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

~~Registered Apprentice No.~~

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.